



Lessons on working multisectorally: Implications for India

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Working Multisectorally to Improve Nutrition and Global Lessons: Current Status in India

INTRODUCTION

Almost half of all Indian children between 0 and 24 months are chronically undernourished. One-third of all Indian women are underweight. Rates of micronutrient deficiencies are high among the poor and are common even among those with higher incomes. It is recognized that eliminating under-nutrition requires actions across multiple sectors. A child must receive food with adequate energy, protein, and micronutrients while at the same time having access to safe water, good sanitation, and quality health care.

security, poverty, water and sanitation, women's empowerment and education, and health care.

One study in India further illustrates the importance of convergence. Newman (2013) found that in households without adequate levels of food, hygiene, or health care, stunting was 30 percentage points higher than in households with adequate levels of all three. When households managed to adequately address even one additional category, stunting declined significantly (Figure 1, page 2). However, India has a long road ahead to achieve



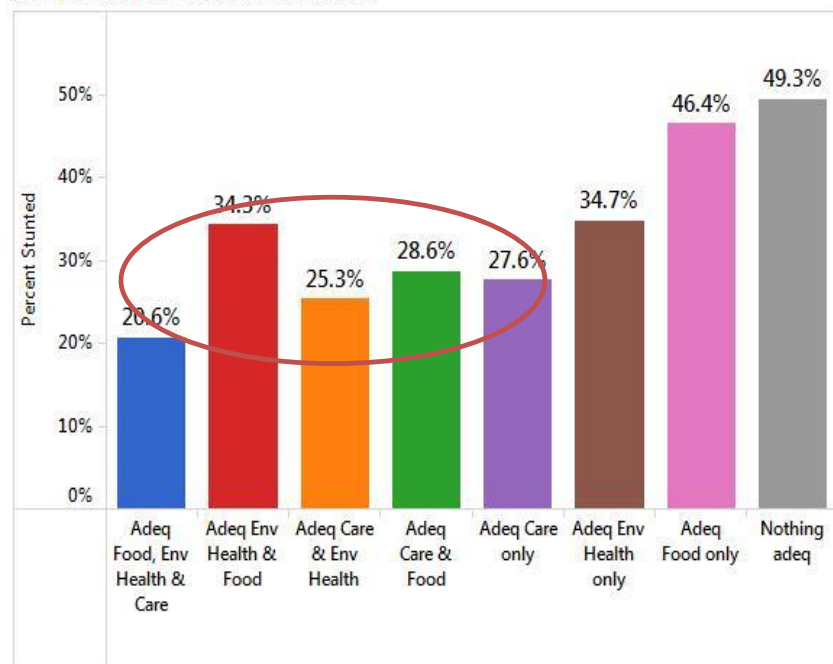
Synergies of Food, Health, and Care

Children in India Who Have Adequate Food, Environmental Health & Care are Less Stunted - All Wealth Terciles

(Data from India National Family Health Survey 3, 2005/06)

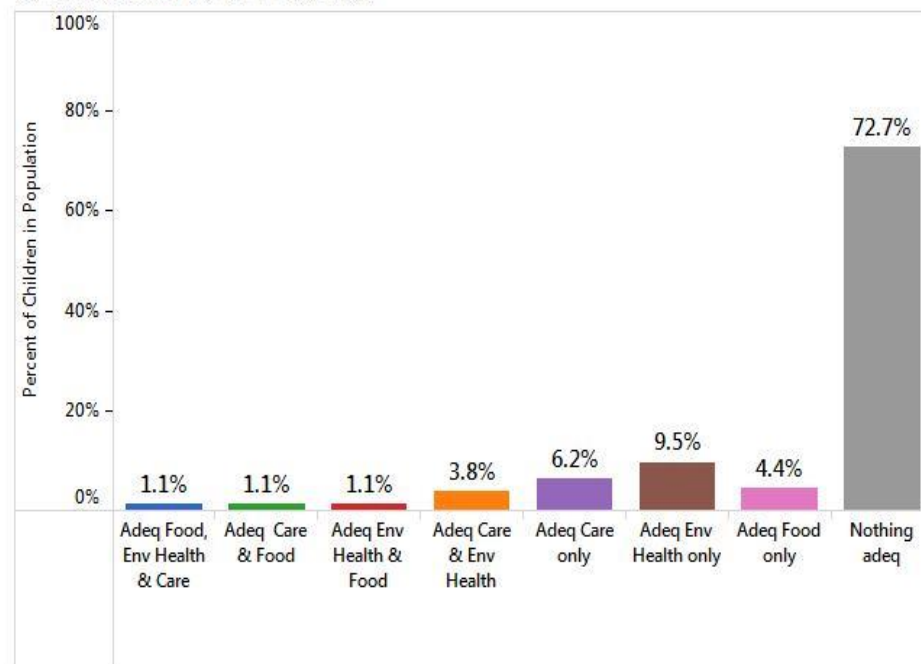
Percent of Children Who are Stunted by Adequacy of Food, Environmental Health & Care

(Children between 6 and 24 months old)



Percent of Children within Each Category of Adequacy of Food, Environmental Health & Care

(Children between 6 and 24 months old)



A brief historical context

1993

- National Nutrition Policy (NNP)
- Call for inter-ministerial coordination for sectorial actions with nutritional considerations.

1995

- National Plan of Action on Nutrition (NPAN) in 1995

9th Five Year Plan
(1998-2002)

- Assesses progress in achieving sectoral commitments to nutrition as indicated in the NPAN.

10th Five Year Plan
(2002-2007)

- Recommends set up of a National Nutrition Mission (NNM) to coordinate and monitor implementation of NNP; NNM set up in 2003

11th Five Year Plan
(2007-2012)

- No mention of NNP, NPAN and NNM

The new dawn?

2008

- Prime Minister's National Council on India's Nutritional Challenges set up

2008-2010

- Planning Commission convenes a regular multisectoral review mechanism
- PM's nutrition council recommends multisectoral approaches in the 200 high burden districts

12th Five Year
Plan
(2012-2017)

- Strengthening NPAN ; recommends a multisectoral programme in 200 high burden districts
- Proposes sectoral actions for different ministries.
- Recommended institutional arrangements include setting up of nutrition councils at state and district level

State level multisectoral initiatives (as of March 2013)

- 11 states, including, Delhi had nutrition councils
- 3 were in the process of constituting such a council
- 5 have their own nutrition missions or equivalents.
 - Odisha does not have an officially stated nutrition mission, but possesses an equivalent mechanism

State level multisectoral initiatives

Karnataka

- Nutrition Mission set up in 2010
- WCD, HFW and agriculture and allied sectors currently involved

MP

- Atal Bal Aarogya Evam Poshan Mission set up in 2010
- Several ministries envisaged to be involved

AP

- *Maarpu* in 20 districts; several departments involved including WCD, HFW, Sanitation and Hygiene; Education
- SERP

State level multisectoral initiatives

Odisha

- History of convergence between WCD, HFW and WASH
- Increasing attention to gender dimensions

Gujarat

- Gujarat State Nutrition Mission set up in 2012
- Departments envisioned to be involved: WCD, HFW, education, PRI, rural development , water

Maharashtra

- Rajmata Jigau Mother- Child Health and Nutrition Mission set up in 2005
- Only WCD and HFW involved

A rich history of several sectoral programs that are relevant to nutrition

Access to food

PDS

TPDS

Anna Antyodya Yojana

NFSA

Access to drinking water

Rural Drinking Water

Programme

RDW Mission

Information Campaign

Annual Gram Puruskar

Diverse safety nets/social protection
programs
Rights base approach

Access to education and women's empowerment

National
Rashtriya

Access to education and women's empowerment

National Policy on Education

MDM

Sarva Siksha Abhiyan

SHGs as a key platform

Operational definition: Multisectoral approaches

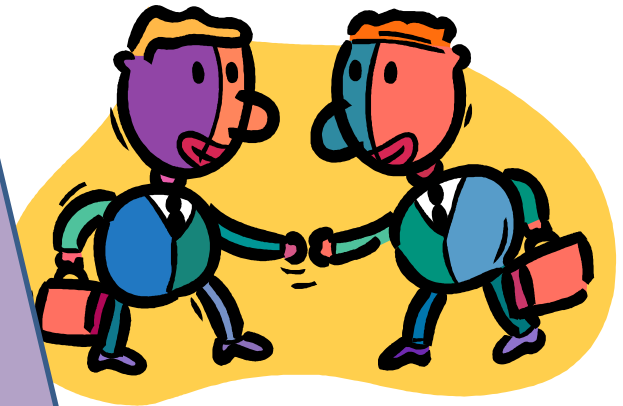
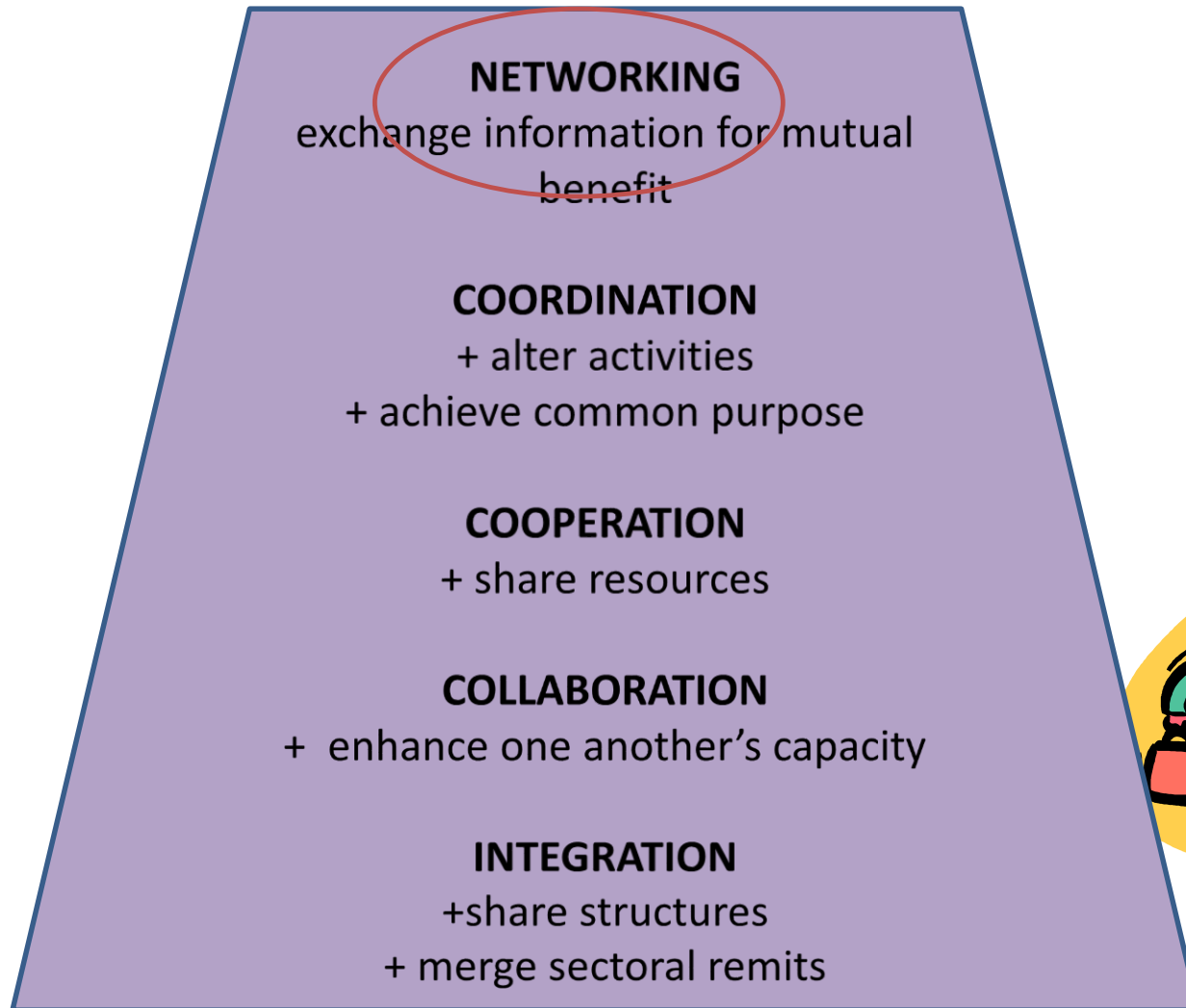
How to work more comprehensively to bring the policies, programs, resources and actions to bear ***at the same time and place on the same child?***

A REVIEW OF INDIA'S EXPERIENCES: KEY FINDINGS

Key Findings

- Policy direction and political commitment for multisectoral action seems to gain momentum
- The multisectoral breadth, modalities and extent of operationalization of state-level initiatives are diverse although the objectives are similar
- DWCD/DFHW typically lead state efforts often with Rural Development. Involvement of other sectors is still weak
 - Karnataka Mission Pilot to 2 block is strong on agriculture
- Capacity of Mission/Council leaders to inspire and direct action by other sectors is still a challenge
- State linkages with national level efforts are unclear

What does working multisectorally mean in practice?: Collaboration Continuum....



GLOBAL LESSONS & IMPLICATIONS FOR INDIA

NO SILVER BULLETS EITHER FOR NUTRITION OR FOR MULTISECTORAL APPROACHES

Priority in politics and space in *bureaucracy*



MoAg

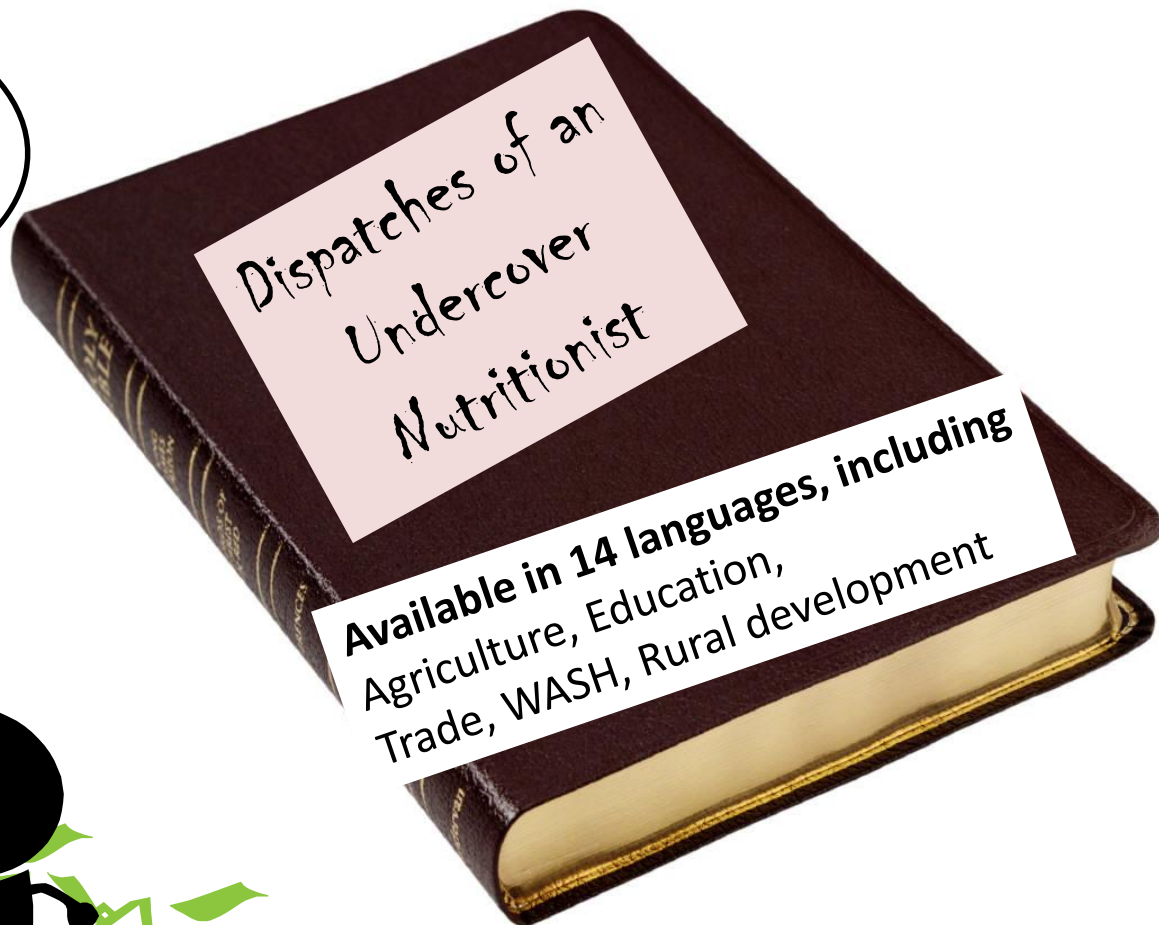
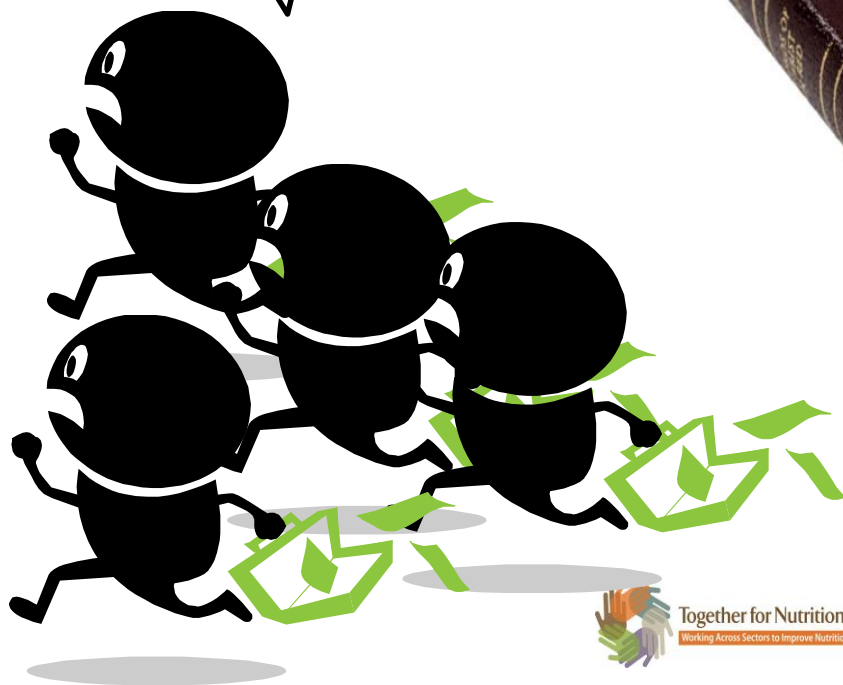
MoRD
Ministry of Rural Development
Ministry of Rural Development to Improve Nutrition in India

MHFW

MWCD

Create common language and understanding

We get it! We
REALLY do!!
Gotta to run and
identify solutions!
Bye!



Benefits of participating > costs



Strategic, managerial and operational capacities

complexity

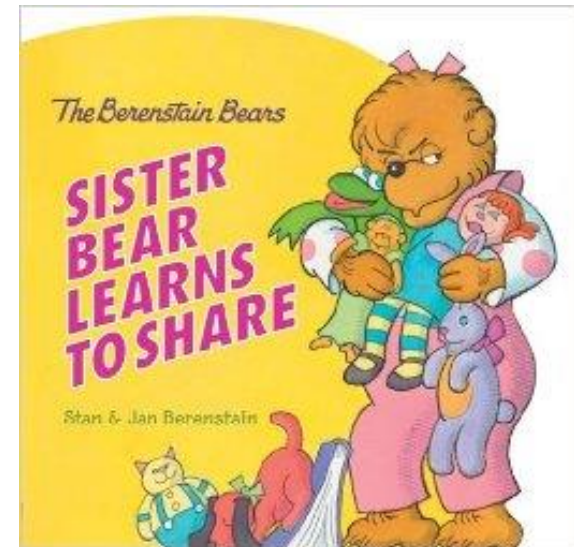
capacity

Load

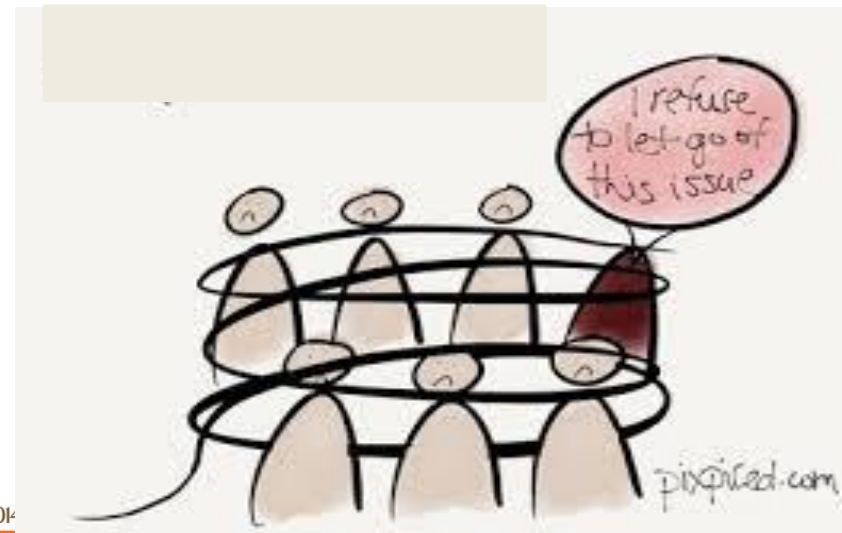
rition 2014

ive Nutrition in India

Share credit



Accountability matters



Principles of Transformation and Change: The U Process

Phase 0: Convening

Clarify purpose and players

Phase 1: Co-Seeing

Learn to see

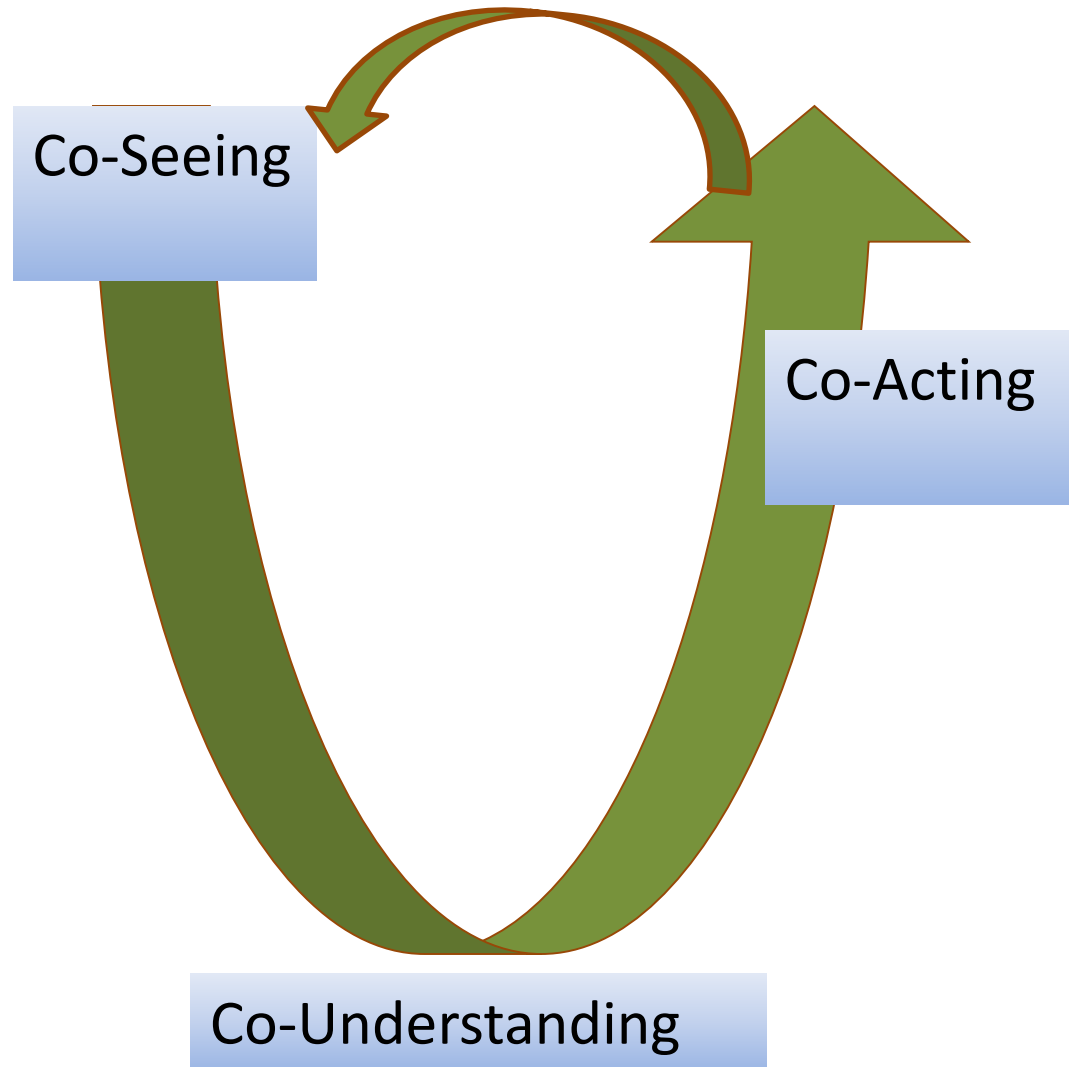
Put evidence on the table: Talk
Meetings and Workshops

Phase 2: Co-Understanding

Develop shared understanding
Retreats and Reflection

Phase 3: Co-Acting

Bring new reality into existence
Pilot Projects



What needs to happen to get multisectoral policies and operationalization of policies into interventions going?

- Develop a strong rationale to generate commitment across sectors
- Develop hypothesized pathways to nutrition for each sector
- Invest in evidence building
 - Which pathway are really at play and are important and at what stage?
- Show effects of work
- Cultivate honest monitoring for learning
 - Reward learning and correcting the course
 - Keeps momentum going
- Inoculate against political and bureaucracy change
- Nurture lateral leadership
 - Need good leaders, managers and implementers

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Do your job and achieve sectoral goalsin a nutrition-sensitive way

Ministry/ Program/ Scheme	Rationale/ hypothesized pathways to improving nutrition	Key sectoral actions that can support improvements in nutrition
Human Resource Development (MDM)	<ul style="list-style-type: none"> Improvements in women's educational levels is a major contributor to improvements in nutrition Pre-conception undernutrition is an important risk factor for birth outcomes 	<ul style="list-style-type: none"> Enhance access to secondary school education for girls Fortification of mid-day meal programs to reduce anemia among adolescents IFA supplementation and nutrition health education through schools
Food and Civil Supplies (PDS)	<ul style="list-style-type: none"> A safety net to improve food security (mostly geared to reduce hunger) 	<ul style="list-style-type: none"> Potential to enhance diet quality (inclusion of fortified grains, milk, eggs etc. through decentralized procurement is an option) Experiments with cash, voucher and food options to improve diet quality

Critical sectoral actions: Rural Development

Programs	Hypothesized pathways	Key sectoral actions
WASH	Poor hygiene and sanitation is associated with poor nutrition outcomes	<ul style="list-style-type: none">• Infrastructure: Scale up access to toilets and drinking water• Behaviors: Increase demand for, and use of toilets; Improve hand-washing behaviors
NRLM	Income /asset controlled by women is associated with better household food security and child nutrition outcomes	<ul style="list-style-type: none">• Focus on asset creation and improvement of gender norms through SHGS• Make nutrition and health an integral part of SHG mandate and build their capacities

A Nutrition Secure India

Role of Agriculture

Leverage existing platforms to integrate nutrition security (e.g. 15 % of funds to RKVY, NHM)

Empowerment of women in agriculture

- Land and property rights law enforcement
- Correct gender bias in the functioning of institutions and support systems

Devadas, International Food Policy Research Institute, New Delhi. P.K Joshi is with the International Food Policy Research Institute, New Delhi. S Mahendra Dev is with the Indira Gandhi Institute of Development Research, Mumbai. T Nanda Kumar is a member of the National Disaster Management Authority, Government of India. Vijay Vyas is a member of the Economic Advisory Council to the Prime Minister of India.

Nutrition Insecurity in India

The data on nutrition indicate a significant socio-economic divide. Several recent studies show that the gap of economic inequities vis-à-vis improvements in nutrition has widened (Nanda et al 2011; Pathak and Srinivasan 2011). In the light of this, suggestions for addressing the problem have been put forward, affecting various segments of the population. The prevalence of under-nutrition among children is high, affecting the scheduled tribes and other castes. Moreover, the prevalence of under-nutrition has been far slower among scheduled castes and scheduled tribes than other castes (Thorat and

and political commitment in countries such as China, India, Thailand and Brazil have led to successful actions to successfully reduce under-nutrition. India needs to reach the first millennium development goal (MDG) target by the year 2015. For example, Thailand, Vietnam and Brazil positioned nutrition as an investment and an integral part of socio-economic development making this transformational change possible. But India will meet the first MDG target only in 2043 with its present pace of

COMMENTARY

actions (Haddad 2009). In the meantime, under-nutrition continues to exert a physical, cognitive and economic toll, costing India as much as 3% of its gross domestic product (GDP) per year. The Copenhagen Consensus 2008 lists combating micronutrient under-nutrition as the best development investment, with the rate of return in terms of improved health, reduced deaths and increased

Improve access to nutrient rich foods

- Pulses, animal products, biofortified foods
- Price stabilization
- Investments in R &D and extensions with explicit focus on diet quality

the deep-rooted causes of under-nutrition in order to sustainably tackle two-thirds of the under-nutrition burden. As noted above, under-nutrition reductions in countries such as Brazil, China, Senegal and Thailand have shown the need to

Table 1: Under-nutrition in India (%)

Nutrition Indicator	NFHS-II (1998-99)	NFHS-III (2005-06)
Stunting (children <3)	51	45
Wasting (children <3)	20	23
Underweight (children <3)	43	40
Anaemia (<11.0g/dl) (children 6-35 months)	74	79
Vitamin A deficiency (children <5)	NA	57
Women with BMI <18.5	36	33
Men with BMI <18.5	NA	28
Women with anaemia	52	56
Men with anaemia	NA	24

Source: National Family Health Survey (NFHS)-3 (2005-06). <http://www.nfhsindia.org/pdf/India.pdf>

What does working multisectorally mean in practice?: Collaboration Continuum....

NETWORKING

exchange information for mutual

Co-learning

Experiential

Strong data systems cutting across sectors

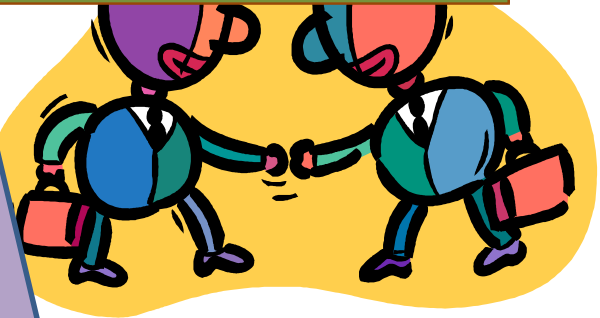
+ share resources

COLLABORATION

+ enhance one another's capacity

INTEGRATION

+share structures
+ merge sectoral remits



ALL key actors agree on what to do and everyone's roles and responsibilities to implement solutions

- Benefits of participating > costs
- Participating helps partners achieve their goals
- Credit is shared
- Capacity exists or can be built
 - strategic, managerial and operational capacities
- Partners are held accountable for actions by highest authority
 - assumption: highest authority maintains interest